

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/085,547
	<b>Filing Date</b>	10/29/02
	<b>First Named Inventor</b>	Aldo A. Laghi
	<b>Title</b>	Apparatus for Casting a Prosthetic
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/66) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Aldo A. Laghi

Telephone

727-528-9566

Title and Company

President, Alps Intellectual Property Management, LLC

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 14 forms are submitted.

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